

# NEW FORMS

Nebraska WIC Training Update Webinar  
February 27, 2013

# WIC Infant Enrollment Card

**WIC Infant Enrollment Card**  
**Please Print**

Baby's First Name: \_\_\_\_\_

Baby's Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Breastfeeding ☐ Yes ☐ No

Signature of Hospital Staff: \_\_\_\_\_

Date: \_\_\_\_\_

**This card will serve as Identification for WIC enrollment purposes when filled out completely.  
Please bring with you to your next WIC appointment.**

  
DHHS  
NEBRASKA  
1/13

# WIC Referral Card

**WIC Referral Information**


Baby or Child's Full Name: (print) \_\_\_\_\_

Date of Birth: \_\_\_\_\_

<u>Weight</u>	<u>Length</u>	<u>Hemoglobin</u>
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<u>Signature of Physician or Nurse</u>	<u>Date</u>
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The referral information must be signed by a doctor or nurse for it to be used by WIC to determine eligibility for the program.

NEBRASKA  
**WIC**  
  
Division of Health and Human Services  
**DHHS**  
NEBRASKA

1/13

**UPDATED**

# WIC ID FOLDER



## WIC reminders

### Don't forget to pick up your checks on time.

Your clinic will note the pick up date on the back of this folder.

### Use WIC checks correctly.

Shop where WIC checks are welcome. Treat your WIC checks as money. Use your checks on or between the dates listed on each check and buy only the foods listed on the checks and Food list. Sign your check after the cashier has written the correct amount on the check.

### Please remember not to:

- Fold, bend, tear, change or alter WIC checks in any way.
- Return WIC foods for credit or cash.
- Sell or give away checks or food purchased with WIC checks.
- Use checks you reported missing or stolen, when they have been replaced.
- Receive checks from more than one clinic.
- Receive benefits from both WIC and CSFP.

### Consider breastfeeding your baby.

Babies are born to breastfeed. WIC provides breastfeeding support and information. Nursing mothers receive additional food and remain on the WIC

program for a full year. Ask your WIC staff for more information.

### Shop smart

- Plan how to spend your checks so you have food for the whole month.
- Use coupons, and look for "buy one get one free" and other store offers.
- Separate your WIC foods from Non-WIC foods.
- Group your foods by what is listed for each check.
- Tell the store cashier you are using WIC checks.

### Keep your appointments.

Call your WIC clinic if you need to reschedule.

Family ID# \_\_\_\_\_

Agency / Clinic Code: \_\_\_\_\_

Responsible Party Name: \_\_\_\_\_

Alternate Shopper: \_\_\_\_\_

Alternate Shopper: \_\_\_\_\_

Participant Name(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ID Number: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Remember to bring this ID folder when picking up checks and when shopping for food. Only you or your alternate shoppers are allowed to receive or use checks.

NEBRASKA WIC



WIC is an equal opportunity program.

Date	Time	Purpose of visit		
		Check pick-up	Certifications/ Medical Data Update	Nutrition/ breastfeeding
Jan				
Feb				
Mar				
Apr				
May				
Jun				
Jul				
Aug				
Sep				
Oct				
Nov				
Dec				

#### Notify the WIC office if you:

- are unable to keep a scheduled appointment.
- give birth.
- change the amount of breastfeeding.
- are unable to purchase WIC foods.
- have any problems or concerns about the store.
- have questions about WIC services.
- are moving out of Nebraska.

#### Your WIC clinic:

If this folder is found, return it to the address above.



# Physician's Authorization Form (PAF) -- Infants



## Nebraska WIC Nutrition Program Physician Authorization Form

For Specialty Formulas and WIC Supplemental Foods  
**Infants up to 12 months**

Formula and food cannot be issued until all appropriate sections are completed. Thank You!

WIC Clinic:  
Phone #:  
Fax #:  
Attention:

### A. Patient Information

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/Caregiver's Name: \_\_\_\_\_

### B. Medical Diagnosis – (required)

DX: \_\_\_\_\_

Specialty formulas are not allowed for non-specific conditions such as: poor appetite, picky eater, parental preference, spitting up, colic, constipation, fussiness, or gas.

C. Formula: WIC Provides Approximately:

28 oz/day: age birth-3mo      30 oz/day: age 4-5 mo      22 oz/day: age 6-11mo

Name of Formula \_\_\_\_\_

Formula Amount (oz/day)      ☐ maximum allowable      OR      ☐ \_\_\_\_\_ oz per day

Special Instructions \_\_\_\_\_

D. WIC Foods – (6-12 months of age, only): **All WIC infant foods will be issued if nothing is marked.**

☐ No Infant cereal, fruits, vegetables

☐ All WIC infant foods are allowed

E. Requested length of issuance

**6 months will be issued if nothing is marked.**

☐ 1 mo.

☐ 2 mo.

☐ 3 mo.

☐ 4 mo.

☐ 5 mo.

☐ 6 mo.

### G. Health Care Provider Information (required)

Signature/Stamp of Health Care Provider (MD, DO, PA, NP): \_\_\_\_\_ Date: \_\_\_\_\_

Provider's Name (Please Print): \_\_\_\_\_

Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

For WIC Use Only

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_

For a complete list of NE WIC approved formulas: [http://dhhs.ne.gov/publichealth/Pages/wic\\_healthcare-providers\\_healthcare-provider-info.aspx](http://dhhs.ne.gov/publichealth/Pages/wic_healthcare-providers_healthcare-provider-info.aspx)

WIC is an equal opportunity program.



# Physician's Authorization Form (PAF) -- Infants

## Qualifying Medical Conditions

WIC PROVIDES specialty formula for infants to support qualifying medical conditions:

### EXAMPLES OF QUALIFYING MEDICAL CONDITIONS FOR SPECIALTY FORMULAS FROM WIC

Life-threatening disorders, diseases and medical conditions that impair the ingestion, digestion, absorption or utilization of nutrients that could adversely affect the infant's nutritional status are qualifying medical conditions for special formula:

INFANTS (0 – 11 months)	ICD – 9 Codes	
	Anemia	281.9
	Autoimmune disorder	279.4
	Celiac disease	570.0
	Cerebral palsy	343.9
	Cleft lip/palate	749.0/749.1
	Congenital anomaly, respiratory	748.9
	Congenital heart disease	746.9
	Cystic fibrosis	277.0
	Developmental sensory/motor delays	783.4
	Diabetes	250
	Failure to thrive/inadequate growth	783.4
	Severe food allergies	693.1; 558.3; 477.1
	Gastro esophageal reflux disease (GERD)	530.81
	Gastrointestinal disorders	536.9
	Genetic-congenital disorders	740-759
	Inborn errors of metabolism/metabolic disorders	277.9
	Immunodeficiency	279.3
	Intestinal malabsorption	579
	Prematurity/low birth weight (LBW)	765.1
	Underweight	783.22; 783.21
<i>This list is not meant to be all inclusive.</i>		

### NON-QUALIFYING CONDITIONS

Specialty Formula/Soy Beverage is NOT PROVIDED FOR:

- Parent preference
- Food dislikes
- Picky eating
- Poor appetite
- Non-specific symptoms or diagnoses (i.e. formula/food intolerance, spitting up, colic, constipation, picky eater, fussiness, and gas)
- Food or formula intolerance that can be successfully managed with the use of other WIC foods or contract formulas.

Clients with non-qualifying conditions may receive our regular Contract Formulas:

- Enfamil Premium Infant
- Enfamil AR
- Enfamil ProSobee
- Enfamil Gentlease

### Specialty Infant Formulas -

provided by NE WIC with a qualifying medical condition (examples):

- Elecare Infant
- EnfaCare
- Human Milk Fortifier
- Neocate Infant
- Nutramigen Enflora
- Similac ExpertCare
- Alimentum
- Pregestimil
- PurAmino
- Similac NeoSure

\*ICD=International Classifications of Diseases ICD-9.com: [www.icd9data.com/2009/volume1/default.htm](http://www.icd9data.com/2009/volume1/default.htm)

Questions – contact NE WIC State Office: 402-471-2781; [www.dhhs.ne.gov/nutrition/WIC/index.h](http://www.dhhs.ne.gov/nutrition/WIC/index.h)



# Physician's Authorization Form (PAF) – Women & Children



## Nebraska WIC Nutrition Program Physician Authorization Form

For Specialty Formulas and WIC Supplemental Foods  
**Children 1-5 years and Women**

Formula and food cannot be issued until all appropriate sections are completed. Thank You!

WIC Clinic:  
Phone #:  
Fax #:  
Attention:

### A. Patient Information

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/Caregiver's Name: \_\_\_\_\_

### B. Medical Diagnosis – (required)

DX: \_\_\_\_\_

Specialty formulas are not allowed for non-specific conditions such as: poor appetite, picky eater, parental preference, spitting up, colic, constipation, fussiness, or gas.

### C. Formula

Name of Formula \_\_\_\_\_

Formula Amount (oz/day) approx. ☐ maximum allowable (29 oz/day) OR ☐ \_\_\_\_\_ oz per day

Special Instructions \_\_\_\_\_

### D. WIC Foods –All foods will be issued if nothing is marked

☐ No milk ☐ No beans ☐ No juice ☐ No tuna/salmon (bf women)  
☐ No cheese ☐ No peanut butter ☐ No fruits/vegetables  
☐ No whole grains ☐ No breakfast cereal ☐ No eggs

### E. Substitute for Low Fat Milk

☐ Soy milk Please indicate medical reason. **Personal preference is not a qualifying condition.**  
☐ Milk allergy ☐ Severe lactose intolerance ☐ Vegan diet ☐ Other \_\_\_\_\_  
☐ Whole Milk Only patients receiving specialty formula who require additional calories qualify to receive whole milk

### F. Requested length of issuance: **6 months will be issued if nothing is checked**

☐ 1 mo. ☐ 2 mo. ☐ 3 mo. ☐ 4 mo. ☐ 5 mo. ☐ 6 mo.

### G. Health Care Provider Information (required)

Signature/Stamp of Health Care Provider (MD, DO, PA, NP): \_\_\_\_\_ Date: \_\_\_\_\_  
Provider's Name (Please Print): \_\_\_\_\_  
Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

For WIC Use Only

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

For a complete list of NE WIC approved formulas: [http://dhhs.ne.gov/publichealth/Pages/wic\\_healthcare-providers\\_healthcare-provider-info.aspx](http://dhhs.ne.gov/publichealth/Pages/wic_healthcare-providers_healthcare-provider-info.aspx)

WIC is an equal opportunity program.



# Physician's Authorization Form (PAF) – Women & Children

## Qualifying Medical Conditions

WIC PROVIDES specialty formula or soy beverage to support qualifying medical conditions:

### EXAMPLES OF QUALIFYING MEDICAL CONDITIONS FOR SPECIALTY FORMULAS FROM WIC

Life-threatening disorders, diseases and medical conditions that impair the ingestion, digestion, absorption or utilization of nutrients that could adversely affect the client's nutritional status are qualifying medical conditions for special formula:

CHILDREN (1-5 YEARS) WOMEN		ICD – 9 Codes
CHILDREN (1-5 YEARS) WOMEN	Anemia	281.9
	Autoimmune disorder	279.4
	Celiac disease	570.0
	Cerebral palsy	343.9
	Cleft lip/palate	749.0/749.1
	Congenital anomaly, respiratory	748.9
	Congenital heart disease	746.9
	Cystic fibrosis	277.0
	Developmental sensory/motor delays	783.4
	Diabetes	250
	Failure to thrive/inadequate growth	783.4
	Severe food allergies	693.1; 558.3; 477.1
	Gastro esophageal reflux disease (GERD)	530.81
	Gastrointestinal disorders	536.9
	Genetic-congenital disorders	740-759
	Inborn errors of metabolism/metabolic disorders	277.9
	Immunodeficiency	279.3
	Intestinal malabsorption	579
	Prematurity/low birth weight (LBW)	765.1
	Underweight	783.22; 783.21
	<i>This list is not meant to be all inclusive.</i>	
Children > 1 Year	<b>Qualifying conditions – to receive <u>soy beverage</u>:</b>	
	Allergy (cow's milk protein)	477.9
	Severe lactose intolerance	271.7
	Vegan diet	-----

### NON-QUALIFYING CONDITIONS

Specialty Formula/Soy Beverage is **NOT PROVIDED FOR:**

- Parent preference
- Food dislikes
- Picky eating
- Poor appetite
- For enhancing nutrient intake or managing body weight without an underlying qualifying medical condition
- Non-specific symptoms or diagnoses (i.e. formula/food intolerance, spitting up, colic, constipation, picky eater, fussiness, and gas)
- Food or formula intolerance that can be successfully managed with the use of other WIC foods or contract formulas.

### Specialty Formulas -

provided by NE WIC with a qualifying medical condition (examples):

Similac ExpertCare Alimentum	EnfaCare	Boost Kid Essentials
Nutramigen Enflora	Similac NeoSure	Neocate 1+
Pregestimil	Elecare Junior	Nutren Jr
PurAmino	E028 Splash	Vivonex Pediatric
Neocate Junior	PediaSure	Peptamen Jr

\*ICD=International Classifications of Diseases ICD-9.com:www.icd9data.com/2009/volume1/default.htm

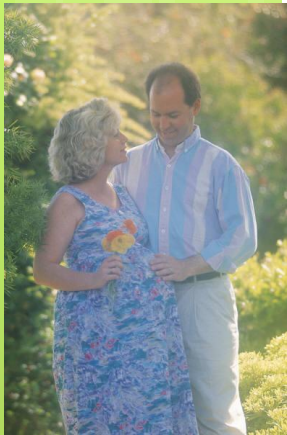




➤ **WHO Growth Charts**

➤ **Care Plan/Assessment Forms**

➤ **Nutrition Risk Code Definitions**



# Growth Charts & Risk Codes

## The Nutrition Risk Code Changes and WHO Growth Charts

### ARE READY TO IMPLEMENT

#### IMPORTANT TO KNOW

- New and Revised Risk Codes are now available in the WIC System
- Please begin using WHO Growth Charts and New assessment/care plan forms by March 1
  - Recycle or discard all remaining inventory of old Assessment/Care Plan forms
- It may be helpful to review handouts from the August Training Call

#### MAILED TO LOCAL AGENCIES

1. WHO Growth Charts
  - for use with children Birth-24 months
2. NEW Assessment/Care Plan Forms
  - dated 12/2012
3. Nutrition Risk Code Definition Sheets
  - Color coded set for each CPA staff member ; please review all risk code definitions

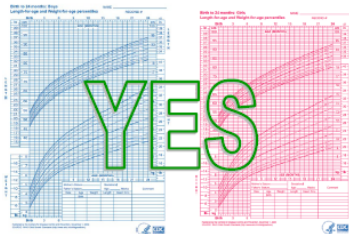
Please contact Julieann at 402.471.2871 or Julieann.boyle@nebraska.gov with any questions

#### New & Revised Risk Codes

<b>1W</b>	HIGH WEIGHT/LENGTH – INFANTS & CH1	NEW risk factor
<b>4X</b>	RECIPIENTS OF ABUSE	NEW risk factor for all status
<b>1Q</b>	OBESE – CHILDREN 2 TO 5	Description change
<b>1R</b>	OVERWEIGHT – CHILDREN 2 TO 5	Description change
<b>3H</b>	DRUG/NUTRIENT INTERACTIONS	Risk factor now for all status

#### Using WHO Growth Charts to Assign Risk, Infants & CH1

- Risk criteria related to growth pattern of infants & children under 2 will be determined by using percentiles obtained from MANUALLY PLOTTING height-for age and weight-for-length.
- DO NOT USE the computer system calculations for Wt/Lt or Ht/Age
- Cut-off values to assign risk for Underweight, and At Risk of Underweight have changed!
- New risk code for high Weight-for-length added - 1W



#### Do Not Use

- Weight-for-length
- Height-for-age

NO

WIC CERTIFICATE									
AGCY: 268/00 CLINIC: 00/00 ID: 405311 ACTI									
CLIENT LAST NAME: _____									
ST	DATE OF CERT.	MEDICAL	AGE	YR	MO	HT	WT		



# Volume II Revision

# Next Call

- ◉ **July 30, 2013**

- ◉ 10:00 am to 12:00 pm CST

- ◉ **Topics:**

- ◉ Income including maternity, seasonal, income averaging, zero, uneven work loss of job, return to work
  - ◉ MIS/EBT Update